

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>9/2/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>45</i>	<i>8/8</i>
FORMALITY REVIEW	<i>M. M.</i>	<i>71624</i>	<i>9-18-00</i>
RESPONSE FORMALITY REVIEW	<i>M. M.</i>	<i>71629</i>	<i>11-29-00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original 1 <i>12/5/03</i>	
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Claim	Date
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Claim	Date
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TEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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